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ABSTRACT

Designed to provide an overview of the etiology and diagnosis of a community college student with a specific learning disability, this paper provides a case study of a 22-year-old Caucasian male student with a mild static brain dysfunction and describes the results of his assessments by Central Florida Community College's (CFCC's) Special Services Department and other agencies. The first sections provide background information on the student and his family, focusing on the employment characteristics of the student's parents, the location of their residence, and their living conditions, and family income. A medical and health history of the student and his family is then provided. The next sections present the results of the student's psychological evaluation at the Human Services Center, his neuropsychological testing at the University Hospital and Clinics, and his Career Interest Assessment at CFCC's Special Services Department. In the next sections, information is provided on the student's daily routine and the entire family's educational background. Following a summary of findings and recommendations concerning the student and his family, a contingency plan and a prognosis concerning the student's educational/vocational success conclude the case study. (LAL)

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# Counseling the Learning Disabled College Student in Special Services

## A Case Study

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Special Services Department

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Abstract

Special Services is one of the federally funded Trio Programs that was designed to provide supportive services to high risk students entering postsecondary institutions of higher learning. The eligibility criteria for the program has inclusions for handicapped persons, low SES, and first generation college students.

The purpose of this case study (N=1) is to provide educators (i.e., administrators, counselors, school psychologists, school social workers, teachers) and especially the parents of learning disabled (LD) students with an overview of information on the etiology and diagnosis of a student with a specific learning disability, although each form of LD is different. The data on personality problems, and educational-vocational information may be applicable in the career planning and placement process for other LD persons.

Some common word and letter reversals (i.e., saw - was) are illustrated in the study. The term strephosymbolia is used to describe this condition that is often a characteristic associated with dyslexia or learning disabilities.

It was initially hypothesized that the student was affected by some form of dyslexia, or a learning disability. A case conference was held with the student, his parents, the counselor and director of the Special Services Department for the purpose of developing an anamnesis.

Several agencies of the Florida Department of Health and Rehabilitative Services provided assistance to the student and his family. The Department of Vocational Rehabilitation accepted the case and provided the resources for a neuropsychological test battery. The results of this diagnostic procedure showed a mild static brain dysfunction.

The names, dates, and other identifying information, except the institutional agency and it's personnel have been coded to protect the true identities of the individuals involved in the case study. Any information that depicts the identity of other persons or groups of individuals is unintentional.

The student who is the subject of this case study voluntarily signed an official release statement for the author to present the information in the case study for publication. This was done in order to comply with the Family Rights and Privacy Act of 4.

# Counseling the Learning Disabled College Student in Special Services

## A Case Study

### Identifying Information

Student's Name: X

Date of Birth: 520000

Date of Visit: 740122

Father's Name: Y

Mother's Name: Z

Agency: Central Florida Community College, Special Services Department

### Family Background

The above named 22 year old Caucasian male student resides with his natural mother and father. There are no other siblings. There are also no other relatives residing with them. Z related that no other family members have any significant physical or mental problems. Y indicated that his father died as the result of a cerebral hemorrhage or apoplexy. There are other relatives living in the states of Illinois, Michigan, and one of the provinces of Canada.

The family has relocated several times, Z reiterating that they lived several years in the city of Gardenville, New York, approximately six miles from the city of Buffalo, New York. They later moved to Vermillion, Ohio, where they resided for eight years, then finally settling here in the state of Florida. The family has traveled

extensively to upper Michigan, Wisconsin, Ohio, New York, and Ontario, Canada, the home of the maternal grandmother.

Concerning employment, Y indicated that he completed a 13-year career with the United States Army. Afterwards, he was employed as a millwright with the Ford Motor Company for 20 years.

Z's career began with a five year tour of duty with the Royal Canadian Air Force. Her highest rank was that of Sergeant. Afterwards, she was employed as a nurse at the Lorain Community Hospital in Lorain, Ohio. At present, Z is employed at M.C. Hospital as an L.P.N.

X's employment experiences included working as an electrician's helper for eight months and one month at Ford Motor Company after which Z indicated that her son could not learn fast enough to handle the job, and as a result, the supervisor gave him a difficult time. She further stated that he layed cement blocks for a company in Sandusky, Ohio, for only three weeks.

Geographic Location and Living Conditions

The family resides in a mobile home located on a local farm acreage. The home can be reached by traveling west on the State Highway, approximately five minutes after passing the Interstate Highway. The home is located on the south side of the highway. The nearest schools are Howard Middle, Vanguard High, and Central Florida Community College. The nearest shopping area to the family's home is a convenience store located on the main highway and a delicatessen located adjacent to it. Pine Street Shopping Center

and Gibson's Discount Center are frequently patronized by the family. The nearest medical facilities are the Marion Community and Munroe Memorial Hospitals. The family physician's office is located in the Medical Park, on Magnolia Avenue near the hospitals.

Concerning their housing arrangements, the mobile home has a living room, two bedrooms, one bath and a half. The home is adequately furnished with hot and running water from an electric pump and well system. All appliances and utilities are electrical with the exception of gas utilities for cooking and heating. There is a carport for the two cars that the family maintain, a 1969 Dodge and a 1970 Ford that is in need of repairs. It is presently in storage at the Citgo Service Station at the intersection of Pine Street and Road 200. This is the car used by the student, and the mother reiterates that the student is having transportation difficulties at the present, especially keeping appointments for job interviews.

Family Income

Y is medically retired and he presently collects $214.00 per month in Social Security benefits. He is also enrolled in the Ford Motor Company's Blue Cross, Blue Shield insurance program. Z earns $184.00 every two weeks from employment as an L.P.N. X does not contribute any income and has to depend on his parents for support. This family does not participate in the food stamp program, Medicare program, veterans' benefits, nor retirement benefits except Social Security that the father receives.

Medical and Health History of Student and Family

Z indicated that the prenatal care and development of X was normal until the seventh month of gestation during which X was born prematurely. He was then placed in an incubator for one month. Z further reiterated that many of the babies born prematurely and placed in incubators during the year of 1952 became victims of blindness. This resulted from too much oxygen ($O_2$) intake. After being researched, scientists improved the respiratory regulators on the incubators by using a mixture of gases. According to Z, her son was born in Gardenville, New York. He began sitting up independently at the interval of $1 \pm 5$ months of age, but he was unusually late beginning to walk, and that he usually walked holding on to something for support. At 16 months of age, X used a spoon independently and verbalized frequently striking the spoon against the table and saying Ma! Ma! Ma! Ma! repeatedly. When the infant was 17 months of age, Z pointed out that she carried X to an eye specialist (opthalmologist) in the city of Buffalo, New York, who prescribed lenses, after which X began to walk normally. He was toilet trained at the age of one, but had to be retrained after having been admitted to the Army Hospital at Fort Eustis, Virginia, for treatment of pneumonia. Other medical treatments include a tonsilectomy at the age of four (Buffalo, New York) and an appendectomy at the age of six (Oberlin Hospital, Ohio).

X was referred by this counselor to the local Mental Health Unit for testing and evaluation (refer to the Psychological

Evaluation, Human Services Center). X was later referred to the Division of Vocational Rehabilitation. V.R. accepted the case and the Special Services Counselor, in consultation with the V.R. Counselor and Supervisor, agreed that a complete neuropsychological test battery would be in order of preference. The Special Services Counselor proceeded to contact the secretary of the clinical Psychology Section of University Hospital and Clinics to schedule an appointment for X to be tested (refer to Neuropsychological Testing, University Hospital and Clinics).

Y indicated that his health condition was diagnosed as being cardiovascular and/or cerebrovascular disease. Ambulation is extremely slow, characterized by a crippled walking gait, as he does ambulate with a cane. Intention tremor" was observed upon sitting down. His prescribed daily medication is Comidian, 5 mg. He must ingest one pill per day for the remainder of his life. His physician is a local cardiovascular specialist.

Z asserted that she works the night shift at the hospital from 11:00 P.M. to 7:00 A.M. inferring that Y has to have someone to assist him through his daily routine of self-care activities. X has to assist him at night while Z has to assist him through the day which causes her to lose sleep. Z further asserts that Y's physician encouraged him to relocate to a warm climate for health reasons, thereby influencing them to relocate to the state of Florida. Z's condition was diagnosed as Diabetes Mellitus (sweet diabetes). She

has been prescribed the drug Diabinese (Chlorpropamide) to be taken orally, one per day. Her physician is a general practitioner and his office is also located in the Medical Park.

Psychological Evaluation

Human Services Center

X came to the Center and was evaluated on 740208. The verbal scale of the WAIS and the Bender-Gestalt were administered. X was cooperative in taking the tests, even though he experienced some difficulty at times.

He seemed to work carefully in copying the Bender-Gestalt designs, yet the results appear to indicate pretty definitely that X does indeed, have some perceptual-motor impairment. There was some tendency toward distortion, but the most prominent feature was failure to complete designs.

The Verbal Scale of the WAIS yielded an IQ of 89--dull normal to low average range. X did quite poorly on the comprehension questions (which evaluate judgment) and on simple calculations. His fund of general information, attention span, etc. were somewhat better.

In summary, we appear to have a young man who exhibits some perceptual impairment. It would appear likely that this has been a handicap to him in terms of the academic process, particularly with reading.

Thank you for referring X to us.

## Neuropsychological Testing

## University Hospital and Clinics

### Basic History

X is a 22 year old white male C.F.C.C. student from Ocala, Florida, referred to V.R. for evaluation of possible perceptual impairment. He was recently rejected by U.S.A.F. because of "low scores" and enrolled in a remedial program but is making little or no progress.

X was the second born and sole survivor of premature twins. He recalls no developmental milestones but denies a history of head trauma, CNS infections, seizures, etc. Throughout his schooling he had major academic problems and was in special education classes almost continuously.

He managed to graduate from high school somehow and worked at several jobs for short periods. His best job, and the one he enjoyed the most, was eight months spent assisting an electrician.

X utilizes denial effectively and healthily in dealing with past frustrations and failures. He is friendly, articulate, cooperative, and appears motivated. He has always been left handed.

### Test Data

X was given a neuropsychological battery on 740319.

Interpretation: The test pattern is consistent with a mild static brain dysfunction which is most compatible with a possible birth injury. There is an impairment in intellectual functioning with marked discrepany between verbal and performance abilities

(VIQ=89, PIQ=70, FIQ=80). The low PIQ of 70 indicates particular difficulty in processing non-verbal spatial information. This deficit was also seen in his non-verbal memory (FRT=7) and his somato-sensory learning with the left hand on the formboard (L=6X, R=4X). However the pattern of deficits are not clearly localized and do involve a number of language and fine motor functions, also. In other words, we are probably seeing the long term effects of a brain injury, which, while chronic-statis in nature, involves diffuse functional systems. Although X can express himself well, his reading and writing skills are grossly limited.

On a more prognostic level, it should be pointed out that X has an exceptional ability to retain new verbal information and his communication skills are adequate.

Recommendations: We feel that X would be a most suitable candidate for V.R. training, but must caution that the choice of training be based both on aptitude and interest. He professes an interest in electronics and has past experience in this area. Perhaps this would be a suitable skill area but again we must caution that his spatial skills are limited. Other possibilities should take advantage of his verbal memory and fluency (telephone operator, sales work, etc.).

X is unlikely to profit from his present remedial college courses; which in fact prove quite frustrating to him, and should probably withdraw.

In order to take advantage of his present high motivational level, a retraining program should be initiated as soon as possible.

As a somewhat related topic, crude testing of his visual fields indicated a mild superior bitemporal field defect and an opthalmologist might be consulted some time in the future.

Career Interest Assessment

Central Florida Community College

Special Services Department

Student's Name: X Test Date: 3-16-78

Date of Birth: 00-00-52

Student Number: 00-00721-00

Test Procedure

To objectively measure the student's career interest patterns, the Kuder Occupational Interest Survey (KOIS), form DD, was administered on 3-5-78 under the supervision of the Special Services Program Counselor. The tutorial coordinator in the department orally read the test items to the student and recorded his responses on the standard answer sheet. Some of the items had to be repeated so that the student would be able to clearly comprehend or understand the statement.

Upon completion, the answer sheet was forwarded to Science Research Associates (SRA) to be machine scored. The following results were obtained and interpreted to the student on 4-16-78.

Test Data: V Score = 48

See Figure 1.

| Occupational Scales Male Norms | | College Major Scores Male Norms | |
|---|---|---|---|
| Title | Score | Title | Score |
| Bricklayer | .40 | Engineering | .31 |
| Machinist | .39 | Bus Management | .30 |
| Welder | .39 | Engineering, Mech | .30 |
| Policeman | .37 | Engineering, Elec | .29 |
| Buyer | .36 | Physical Education | .29 |
| Supv/Foreman Ind | .36 | Military Cadet | .29 |
| Auto Mechanic | .35 | Bus & Marketing | .28 |
| Carpenter | .35 | Economics | .28 |
| Electrician | .35 | Air Force Cadet | .28 |
| Travel Agent | .35 | Agriculture | .27 |

Figure 1. The student's highest ranked scores.

Interpretation: The verification or V score on the test profile of the KOIS tells whether the test respondent has marked the items carefully and considerably with understanding. Verification scores ranging from 45 to 60, are considered to be satisfactory; 44 or less are questionable and indicate faked or careless responses. The student's V score of 48 is well within the satisfactory range.

The numerical scores are correlation coefficients (Figure 1) that represent the degree of relationship between the student's responses

and the response patterns characteristic of each of the criterion groups for which the test was validated on. If none of the individual's scores are above .31, the set of scores are probably invalid and should be regarded with caution. A review of the college major scales of the counselee's profile reveals that the scaled scores range from .27 to .31, which means that they are not useful for education and vocational guidance. On the occupational scales section of the profile, the scores range from .35 to .40. The highest scores are those scores within .06 of a point from the top scale score on the profile. In this case, the highest scale score is Bricklayer (.40), therefore the highest scores would actually range from (.40 minus .06) .34 to .40. The student is advised to consider occupations in the order of the corresponding scores.

The tendency to limit one's focus on a specific occupational score should be avoided since the pursuit of the occupation may be unrealistic, as in the present case being studied. As an example, a person may have the interest and the motivation characteristic of people in one of the skilled trades or college majors, but may not have the necessary physical, manual, or social skills to be competent. Interest patterns are only one of the many factors to be considered in choosing a career. Individual ability is the most important consideration, for example, an individual's pattern of interests may closely resemble those of lawyers and physicians, but the ultimate question is, whether or not the individual has the academic ability to successfully complete the academic program for a degree in the field.

The counselee was advised not to use the test results in isolation, but in conjunction with other information about himself, especially as it relates to his abilities and achievements. He was cautioned not to compare his scores with those of other students or to consider them as measures of ability.

Daily Routine

Concerning this student's daily routine, the mother affirmed that X is actively involved in several individual and dual recreational activities such as bowling, roller skating, and swimming. X regularly participates in league play and has proven to be an exceptional kegler. He has received several awards which include twelve trophies. He has had three high games of 300 pins each. His average is approximately 175-180 for which he reports that he can improve upon. He drives the car frequently and is very good at repairing and adjusting the carburetor and making other minor adjustments.

Further consultation revealed that X does not openly verbalize his personal problems voluntarily to his parents, that they have to probe, although he verbalizes well when he wants or needs something. The father reiterates that X gets on his nerves and won't do as he is asked. Z refuted the statement and inferred that her son needs help, but does not know of what kind or source of assistance is needed. Her feeling was that no one should tell her son to "just go out and find a job," and when interviewed by employers, they want to know about his previous work experiences of which there are none. She further expressed the view that the community college system is wonderful and that there is a definite need for the basic education (Special Services Department).

Education

Z stated that he graduated from a technical high school and continued his education at the Illinois Institute of Technology for

three years. Y is also a high school graduate and completed study at the Provencial School of Nursing, Department of Public Health located in Canada. X completed high school in Vermillion, Ohio, where the family lived for eight years. He indicated that he was assigned to special education classes while in grade school, due to the fact that he experienced academic problems such as the inability to read and write clearly, and to perform simple mathematical computations, or to function as other students academically or intellectually in the classroom environment. His mother commented that he played football his first year in high school and later became the team's manager. The student enrolled at Central Florida Community College during the first term of 1974. He was observed by his reading and study skills instructor as having an extremely difficult and frustrating experience completing written assignments and attending to the tasks assigned, although he expressed himself well, verbally and extemporaneously. He was referred by the instructor to the Special Services Program Counselor. A case conference was held with the Director of the Special Services Department, the reading instructor, and the Counselor the determine a responsible course of action. X was immediately referred to the aforementioned social service agencies for assistance. After further professional consultation and assessment, X voluntarily enrolled at Central Florida Community College, Area Vocational Education Schools Machine Shop Practice Program. This decision on the part of the student was antithetical to the dialectic educational-vocational plan developed and individualized for him.

Unfortunately the student withdrew from the program before the end of the second term due to the fact that he could not successfully perform various mathematical computations, measurements, and other required manual skills. At the present time, the only instruction and tutoring in basic skills provided for students enrolled in the Vocational School are the Special Services Department's basic education courses: Reading, English, Beginning Algebra, Social Science, and Personal Development. These college level basic skills classes are open to students enrolled in the vocational area, but often the level of instruction was too advanced for those students who scored extremely low on diagnostic examinations, except for the reading and study skills class. Scheduling an appropriate time between the vocational classes and the basic skills classes posed a problem for the student.

Summary and Recommendations

The main problems that seem to plague this family are medical and health related.

Y indicated that as the result of relocating to another state, she is required by law to pass the State Board Examination for Nurses in Florida, or otherwise be relegated to a lower job classification and salary. She feels that this task is too difficult for a person of her age. Since she is the main wage earner for the family, this places the burden on the student to become gainfully employed whenever his mother decides to retire from the nursing profession.

The student has little or no job experience and a short history of unsuccessful attempts to secure and maintain satisfactory employment.

It is the recommendation of this counselor that the student be provided with some source of temporary income assistance until he can find suitable employment. Continued involvement with the Division of Vocational Rehabilitation is advisable. Application for assistance from the Division of Social and Economic Services and the Social Security Administration will be pursued.

Long term individual therapy or family therapy is recommended since the student seems to persist at acquiring training and employment that is not commensurate or is unrealistic with his level of ability. It would also help the parents to understand the nature and extent of the problem and the debilitating effect that it has had on the family.

The development of a more positive self-image should be considered as one of the therapeutic goals.

The build up of anxiety in the family is evident from the strain of dealing with a learning disabled person and not understanding the nature of the problem. The student has had to deal with social pressures from the family to find a suitable job or career to pursue. It can also be inferred that this intensive build up of anxiety and frustration resulted from being placed in special education classes throughout the grade school years. With this type of educational

placement, learning support services are needed along with emotional support especially from the family. A school work experience program along with self-paced, individualized instruction in the basic communicative and mathematical computation skills may have been a more suitable alternative.

Referral for individual and family therapy to the Human Services Center will be arranged by V.R.

It is an established fact that high anxiety interferes with short term memory and the decision making process.

Vocational placement in the areas of employment recommended by the Neuropsychologist that would enable the student to make use of his verbal skills should be vigorously pursued. This important point should be reinforced to the client during counseling or therapy sessions.

Employability skills training would help the student to learn those non-technical, cross-vocational skills related to getting and keeping a job. Handicapped students often lack the social skills or know-how needed for effective everyday communication and they frequently do not understand the unspoken employment expectations required of them to be successful in the work place.

Contingency Plan

The student should be referred or encouraged to complete an application to determine his eligibility for services through the CETA-JTPA Program. On the job training (OJT) is preferrable to postsecondary academic or vocational training. The student should be scheduled for the employability skills workshop provided by this

agency. Maintenance may be provided for the student, based on measurable progress towards accomplishing the goals of his rehabilitation plan.

Several follow-up case conferences were held in order to explain the results of the psychological assessment to the student and his mother so as to develop a better understanding of the nature of the disability and to facilitate acceptance of this condition on the part of the student and his parents.

After several counseling sessions, the student and his mother voluntarily scheduled themselves (0478) for family therapy on a regular basis at the Human Services Center.

Prior to any form of remediation the student should be consulted and openly communicated with for personal input concerning the mode of learning and skill development that is most effective for him.

A reader service or tutorial service should be provided on an individual basis when job related skills and competencies are to be learned. The student should not be forced to learn to read. Instructional methods and techniques should be individualized and the student should be allowed to progress at his own rate (self-paced).

The use of audio-visual aids such as film strips, talking books and visualtek machines should facilitate learning on the part of the student. The use of computer cartridges and disks with voice modules may prove to be helpful in the near future. The Bureau of Blind Services should be consulted for learning materials and resources for students with visual and perceptual difficulties.

Several follow-up case conferences were held with the student and his mother so as to monitor progress over a ten year period of time (1974-1984). During this span of time, the student has been readmitted to the college to study within the area Vocational Education School on several occasions (1977, Masonry; 1978, Radio and Television Repair; 1981, Electrical Wiring; reapplied August, 1982, and withdrew in September, 1982; reapplied, 1984). The student seems to be involved in a failure cycle whereby he has not experienced any success in his vocational pursuits and tends to move from one program to another in hopes of finding the ultimate answer to his problems. The student also revealed that he has had several jobs in the past. He was employed as a taxi driver for one and one-half years (1981-1982) with a local cab company, and he mixed mud and mortar for a local construction company. He resigned from the last job (1984) due to the fact that his mother became ill and needed him at home to assist her. His father was admitted to one of the Veterans Administration Centers where he has been confined for the past eight years. He has been diagnosed as having Multiple Sclerosis. The student indicated that the family income has increased and it is substantial enough to sustain the unit without him having to actively seek employment. He maintains two cars for the family and they visit the father frequently.

The student continues to have the persistent desire to return to college to complete the certificated program in masonry. Among other

activities, he continues to bowl and he is contemplating participation in the 1984 Pro Bowlers Tournament.

The rehabilitation plan at this turning point would involve getting the family to re-establish contact with the agencies, particularly the County Health Department to determine eligibility for in home nursing care services for Z. The New Job Training Program under the Job Training Partnership (JTPA) that replaced the CETA Program for which the student would be eligible as a handicapped person, may provide On the Job Training (OJT) and employability skills workshops. The student would also need some degree of therapeutic intervention on an outpatient basis to assist him in making a realistic decision relative to his career goal. He should also be encouraged to continue bowling since the activity is a successful form of recreation and socialization as well as a potential source of income since he is about to enter the professional ranks.

The services of a qualified learning specialist (LD Specialist) has been an addition to the Special Services Department staff since 1978. This new title "learning specialist has proven to be less threatening and the person with the title, more acceptable to students who need special assistance with learning problems and difficulties (West, Note 1).

The information provided by the parents during the initial interview is consistent with the medical findings as reported, therefore it is inferred that there is a relationship between birth injury and the disorder of mild static brain dysfunction. Word and

letter reversals (see Figure 2) along with low overall reading level are symptoms of LD.

Strephosymbolia

| | Word | - | Reversals |
|---|---|---|---|
| | no | - | on |
| | not | - | ton |
| | pat | - | tap |
| | saw | - | was |
| | stop | - | pots |
| | ten | - | net |
| | won | - | now |
| b-d reversals | bad | - | dad - dab |
| | dew | - | web - wed - med |
| | bell | - | dell |
| | big | - | dig |

Figure 2. An example of some common word and letter reversals (Becton, Note 2; Nembhard, Note 3).

## Prognosis

On a general level, the student has not learned to accept his disability and the limitations associated with it. His choice of a realistic career is contingent upon that fact. As a result, the chances for educational-vocational success will continue to be very limited.

In most cases, further testing and assessment will result in a more reliable prediction and decision making process as to the general ability and performance levels of the individual under observation. The assets of the individual should be cultivated or built upon in order to provide guidance toward a realistic, attainable educational-vocational career plan requiring less of those aptitudes that are relatively weak, and more of those that reflect the strengths of the individual.

Low academic performance or achievement in general may have its origin in either the behavioral, emotional, environmental, or organic dimensions. These parameters are usually explored during the administering of a neuropsychological test battery.

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